

VERSION: UPDATE JULY 2015

Sheffield Teaching Hospitals NHS Foundation Trust
Response to
The Mid Staffordshire NHS Foundation Trust Public Inquiry
Formulated from
[Hard Truths: The Journey to Putting Patients First](#)

The Trust has reviewed in detail the Mid Staffordshire and associated reports and carefully considered the Government response *Hard Truths: The Journey to Putting Patients First*. Each action point was reviewed and assigned to one of three categories:

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|-----------------------|---|
| New Action | The Trust is required to establish a new work stream to address. |
| Due Regard | Existing work stream in place – project leads will be requested to take due regard of the contents and recommendations within the Mid-Staffordshire and associated Reports and ensure these aspects are included within the improvement work. |
| Watching Brief | Executive leads to monitor national developments through professional networks and NHS England communications and incorporate actions into this overall plan as required. |

This update in July 2015 provides a summary of progress against all of the actions. A review of the Department of Health report '*Culture Change in the NHS: Applying the Lessons of the Francis Inquiries*' has also been undertaken. The report sets out the progress made in applying the lessons learnt since the Mid-Staffordshire NHS Foundation Trust Public Inquiry.

The Statements included in the information below were drawn from the summary sections for each of the Chapters within the final Government response dated November 2013. Page numbers have been provided to enable the reader to reference the original report, this is advised to ensure the full expression of the recommendation is realised.

1. Preventing Problems
2. Detecting Problems Quickly
3. Taking Action Promptly
4. Ensuring Robust Accountability
5. Ensuring Staff are Trained and Motivated
6. Learning from Mid – Staffordshire
 - a. Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings (Cavendish)
 - b. Review into the quality and safety of care at 14 NHS hospital Trusts in England (Keogh)
 - c. Improving the Safety of patients in England (Berwick)
 - d. A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture (Clwyd & Hart)
 - e. Burdens Review (NHS Confederation)
 - f. Children and Young People’s Health Outcomes Forum’s reporting for the Secretary of State for Health (Lewis & Lenehan)

1. PREVENTING PROBLEMS (Page 27)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|------------------------------------|----------------------|--|-----------------------------------|
| <i>In response to the Inquiry's report, we are taking steps to put patients first and drive safer care through creating open cultures that take effective action in response to staff and patient feedback. This will ensure that:</i> | | | | |
| 1.1 The values of the NHS Constitution take priority, with putting patients first the overriding ethos of everything the NHS does (Recommendation 4) | Provide patient centred services | Due regard | Trust Constitution Making a Difference Strategy | Andrew Cash |
| 1.2 All healthcare organisations and their staff are honest, open and truthful in all dealings with patients and the public (Recommendation 173) | Employ caring and cared for staff | Due regard | Incident Management process Complaints Management process Inquest and Claims process Duty of Candour process | Hilary Chapman David Throssell |
| 1.3 It is easier to comment and make a complaint (Recommendation 109) | Provide patient centred services | Due regard | Complaints Management Process Frequent Feedback Friend and Family | Hilary Chapman |
| 1.4 Each patient has an identified senior clinician in charge of their care (Recommendation 236) | Deliver the best clinical outcomes | Due regard | Implementation of named treating Consultant and Nurse through the use of Tent Boards. | David Throssell Hilary Chapman |
| 1.5 There is a culture of transparency in the interests of patients and the public so that they are clear about the quality of care in their hospitals and on different wards (Recommendation 2) | Deliver the best clinical outcomes | New action (ongoing) | Integrated performance report in place. Awaiting national work on ward level dashboard. Work within STH progressing on ward level dashboards in the interim. | Neil Riley |
| 1.6 The National Institute for Health and Care Excellence develops evidence based tools on staff numbers and skill mix (Recommendation 23) | Employ caring and cared for staff | Due regard | NICE has endorsed the Safer Nursing Care Tool as an evidence based tool to be used to calculate nursing staff numbers for adult in-patient areas. The Safer Nursing Care Tool has been used within the Trust since 2006. It has recently been announced that the work commissioned from NICE on safer staffing tools for other areas has been suspended and the Chief Nursing Officer has been asked to undertake a review. STH will remain engaged in this work. | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|------------------------------------|------------------------|---|-----------------|
| <i>A compassionate and safe healthcare system depends on a 'conversation of equals' between patients and staff, strong unifying values, openness, and a learning culture that continually strives to reduce avoidable harm. Since Robert Francis published his report:</i> | | | | |
| 1.7 In a major breakthrough in NHS transparency, NHS England have for the first time published clinical outcomes by consultant for ten medical specialties (Recommendation 2) | Deliver the best clinical outcomes | Due regard | Review process in place supported at Directorate level with escalation where required. | David Throssell |
| 1.8 The National Quality Board and the Chief Nursing Officer are publishing new guidance on safe staffing levels in hospitals and the National Institute for Health and Care Excellence has been commissioned to provide authoritative independent advice on evidence based tools to ensure the right levels of staff on every shift on every ward on every day in the NHS (Recommendation 23) | Employ caring and cared for staff | New Action (completed) | Safer Nursing Care Tool which has been endorsed by NICE (SNCT has been used within the Trust since 2006). Additional reporting to Healthcare Governance Committee and Board of Directors and the information is in the public domain. It has recently been announced that the work commissioned from NICE on safer staffing tools for other areas, has been suspended and the Chief Nursing Officer has been asked to undertake a review. STH will remain engaged in this work. | Hilary Chapman |
| 1.9 NHS England has also begun to publish data on the friends and family test (Recommendations 246, 254, 255) | Provide patient centred services | New Action (Completed) | Friends and Family Process | Hilary Chapman |
| <i>Key future actions highlighted in this chapter include:</i> | | | | |
| 1.10 Every organisation registered with the Care Quality Commission will have to meet a new duty of candour (Recommendations 2, 173-174, 180-181, 183-184) | Provide patient centred services | New Action (ongoing) | Build on Being Open Guidance Duty of Candour process | David Throssell |
| 1.11 Health Education England is committed to introducing values based recruitment for all students entering NHS-funded clinical education programmes (Recommendations 2, 173, 185,188) | Employ caring and cared for staff | Watching brief | Values based recruitment (VBR) is an approach to help attract and select students, trainees and employees, whose personal values and behaviours align with the NHS values outlined in the NHS Constitution. Information and resources toolkits have been created to help the recruitment of staff with values that fit with the organisation. | Mark Gwilliam |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|------------------------------------|---------------------------|--|-----------------------------------|
| 1.12 Every hospital patient should have the name above their bed of the consultant and nurse responsible for their care (Recommendations 199, 236, 243) | Provide patient centred services | New Action (ongoing) | Implementation of named treating Consultant and Nurse through the use of Tent Boards | Hilary Chapman |
| 1.13 There should be a named accountable clinician for people receiving care outside hospital, starting with vulnerable older people (Recommendations 123, 238) | Provide patient centred services | Watching brief | Patients in intermediate care have a named Care of the Elderly consultant or a nominated GP accountable for their care. | David Throssell |
| 1.14 By April 2015 every person with a long-term condition will be offered a personalised care plan. This will be agreed with their lead clinician. (Recommendations 238, 135) | Provide patient centred services | Due regard and New Action | LTC patients have a plan of care in place, ongoing work required. | Hilary Chapman David Throssell |
| 1.15 NHS England will create a patient safety alert system and publish data on 'never events' at first quarterly and then monthly (Recommendations 41, 102) | Deliver the best clinical outcomes | Due regard | | David Throssell |
| 1.16 By Summer 2014, the National Institute for Health and Care Excellence will have produced guidance on safe staffing in acute settings, including a review and endorsement of existing staffing tools (Recommendation 23) | Employ caring and cared for staff | Watching brief | NICE have endorsed the Safer Nursing Care Tool which has been in use in the Trust since 2006. They have also produced guidance on safe staffing in acute and maternity settings, with the A & E guidance due out shortly. A gap analysis is being undertaken against these documents. It has recently been announced that the work commissioned from NICE on safer staffing tools for other areas has been suspended and the Chief Nursing Officer has been asked to undertake a review. STH will remain engaged in this work. | Hilary Chapman |
| 1.17 The Chief Inspector of Hospitals will monitor performance and take action where non-compliance puts patients at risk of harm (Recommendations 2, 55-56, 64-65, 67-68, 78, 98, 101, 104, 118, 209, 221, 239-242) | Provide patient centred services | Watching brief | CQC Inspection preparation. STH Inspection planned for 8 December 2015. | David Throssell |

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|---|----------------------------------|----------------------|---|----------------|
| 1.18 Development of the patient insight dashboard in a format that can be understood by patients (Recommendation 2) | Provide patient centred services | New action (ongoing) | Integrated performance report in place Awaiting national work on ward level dashboard. | Kirsten Major |
| <i>This chapter addresses themes and issues raised in the following chapters of the Inquiry's report: Chapter 1: Warning signs; Chapter 3: Complaints: process and support; Chapter 6: Patient and public local involvement and scrutiny; Chapter 20: Culture; Chapter 21: Values and Standards; Chapter 22: Openness, transparency and candour; and Chapter 26: Information.</i> | | | | |

2. DETECTING PROBLEMS QUICKLY (Page 58)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|------------------------|---|-----------------|
| <i>In response to the Inquiry's report, we are putting in place measures to detect problems in the healthcare system quickly through fundamental standards of care, improved information sharing and a new inspection regime. It sets out action to ensure that</i> | | | | |
| 2.1 Inspections are led by expert teams, including clinicians and service users (Recommendation 51) | Deliver the best clinical outcomes | Due regard | Managed programme which enables STH to provide expert support to CQC Inspections. Head of Patient and Healthcare Governance has contributed to an inspection and the Medical Director is attending Chairs' training in the next few months. | Neil Riley |
| 2.2 There are clear fundamental standards of minimum safety and quality which must be provided, complemented by discretionary enhanced quality standards and longer term developmental standards (Recommendation 13); and | Provide patient centred services Deliver the best clinical outcomes | Due regard | CQC Compliance Framework | David Throssell |
| 2.3 Regulators should share all intelligence that may indicate concerns about the quality of care (Recommendation 35) | | | | |
| <i>Patients and the public are entitled to expect that when problems occur in the NHS, they are detected and dealt with promptly. That is why the Government, working with the Care Quality Commission, is putting in place an effective and powerful system of hospital inspection, headed by the new Chief Inspector of Hospitals. The Care Quality Commission through its Chief Inspector will draw upon a new, clear and focused set of fundamental standards that will set out a clear bar below which care must not fall. In addition, it is critical to emphasise the crucial role played by boards in putting in place effective governance for their organisations as a means of ensuring issues are identified. Finally, detecting problems quickly depends upon working together at local and regional levels through quality surveillance groups, and also through co-operation between key national organisations. Since Robert Francis issued his report:</i> | | | | |
| 2.4 Professor Sir Mike Richards, the Chief Inspector of Hospitals, issued a 'call to action' to draw in patients and clinicians into expert inspection teams (Recommendation 51) | Provide patient centred services Deliver the best clinical outcomes | New action (completed) | See 2.1 above | Neil Riley |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|----------------------|---|-----------------|
| 2.5 Monitor, Trust Development Authority and Care Quality Commission have reviewed the process of assessing applicant trusts and have agreed that no Trust will go forward for authorisation as a foundation trust unless and until it is rated 'good' or 'outstanding' under Care Quality Commission's new inspection regime (Recommendation 65) | | | | |
| 2.6 In April 2013, Monitor published a guide for Boards on how to ensure its organisation is working effectively to improve patient care (Recommendation 74) | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Due regard | Board of Directors assurance and development. Internal audit review completed and external Board review plan for autumn 2015. Now rescheduled for spring 2016 following appointment of two new NEDS and replacement for University nominated NED. | Neil Riley |
| <i>Key future actions highlighted in this chapter include:</i> | | | | |
| 2.7 By the end of 2015, the Care Quality Commission will systematically conduct inspections of all acute trusts (Recommendations 53-59) | Provide patient centred services | New action (ongoing) | CQC Inspection Preparation Plan in place. | David Throssell |
| 2.8 The development of fundamental standards (Recommendations 13-18) | Provide patient centred services | Due regard | CQC Compliance Framework CQC Inspection Preparation Plan in place | David Throssell |
| 2.9 To protect against actual or perceived political interference in the independence of the Care Quality Commission the Government is legislating to enhance the statutory independence of the regulator (Recommendations 53-55) | | | | |
| 2.10 Monitor will be publishing an updated Code of Governance for Foundation Trusts in early 2014 (Recommendation 74) | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Watching brief | Trust remains compliant with vast majority of Governance Code. Explanation in place for the small number of areas where it chooses not to comply. | Neil Riley |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|---------------------|----------------|----------|----------------|
| <p><i>This chapter addresses themes and issues raised in the following chapters of Robert Francis' report: Chapter 2: The Trust; Chapters 9-11: Regulation.</i></p> <p><i>Patients and the public are entitled to expect that when problems occur in the NHS, they are detected and dealt with promptly. That is why the Government, working with the Care Quality Commission, is putting in place an effective and powerful system of hospital inspection, headed by the new Chief Inspector of Hospitals. The Care Quality Commission through its Chief Inspector will draw upon a new, clear and focused set of fundamental standards that will set out a clear bar below which care must not fall. In addition, it is critical to emphasise the crucial role played by boards in putting in place effective governance for their organisations as a means of ensuring issues are identified. Finally, detecting problems quickly depends upon working together at local and regional levels through quality surveillance groups, and also through co-operation between key national organisations.</i></p> | | | | |

3. TAKING ACTION PROMPTLY (Page 69)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|--|------------------------|--|-----------------|
| <i>In response to the Inquiry's report, we are taking steps to ensure we have a responsive healthcare system which acts to ensure quality and safety are maintained:</i> | | | | |
| 3.1 It is clear to staff and the public whether organisations are delivering the fundamental standards (Recommendation 24); | Provide patient centred services | Due regard | Management of CQC concerns CQC Compliance Framework | David Throssell |
| 3.2 The fundamental standards will enable prosecutions of providers to occur in serious cases where patients have been harmed because of unsafe or poor care, without the need for an advance warning notice (Recommendation 28); and | Deliver the best clinical outcomes Provide patient centred services | Due regard | Management of CQC concerns CQC Compliance Framework Further work required regarding the new prosecuting authority role for CQC and the STH impact. | David Throssell |
| 3.3 Applications for Foundation Trust status should focus on the standard of service delivered to patients and sustainability (Recommendation 67) | | | | |
| <i>Patients and the public are entitled to expect services that are failing to be dealt with swiftly and decisively. Improvement is primarily the responsibility of providers themselves and commissioners working in partnership to improve standards. The regulatory framework will be based on a single version of the truth that is clear about the respective roles of the different regulators, and which provides them with the tools that they need to intervene when required. Clear and meaningful ratings will be accompanied by clear, risk-based intervention, from warning notices, special measures, service redesign through to, in a rare number of cases, the special administration process. Since Robert Francis published his report:</i> | | | | |
| 3.4 The 11 Trusts in special measures have been partnered by successful Trusts working under 'improvement contracts' (Recommendations 28-32) | N/A | New action (completed) | Partner processes in place. Both "buddy" Trusts have now exited "special measures". Continuing work with ULHT on medical engagement. | Neil Riley |
| 3.5 The Health and Safety Executive has brought a prosecution against Mid Staffordshire NHS Foundation Trust for the death of a patient during the period of the failings at the organisation, and this case is awaiting sentence (Recommendation 90) | Deliver the best clinical outcomes Provide patient centred services | Due regard | As 3.2 Further work required regarding the new prosecuting authority role for CQC and the STH impact. | David Throssell |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|-----------------------|--|-----------------------|
| 3.6 The Care Quality Commission has consulted on a new system of ratings with patient care and safety at its heart (Recommendation 287). | Provide patient centred services | Due regard | CQC Compliance Framework CQC Inspection Preparation Plan in place | David Throssell |
| 3.7 Legislation to introduce a responsive and effective failure regime which looks at quality as well as finance is progressing through Parliament (Recommendations 27, 32) | Deliver the best clinical outcomes Provide patient centred services Spend public money wisely | Due regard | Monitoring of new failure regime. | Andrew Cash |
| 3.8 In October 2013 Monitor introduced a Risk Assessment Framework for NHS Foundation Trusts which will allow Monitor to track risk and trigger enforcement action (Recommendations 62, 81) | Deliver the best clinical outcomes Provide patient centred services | Due regard | Trust has arrangements in place to meet the requirements of the Risk Assessment Framework. | Neil Riley |
| <i>Key actions highlighted in this chapter include:</i> | | | | |
| 3.9 The Chief Inspectors will make judgements about providers using a set of clear and meaningful ratings (Recommendation 287) | Deliver the best clinical outcomes Provide patient centred services | Due regard | CQC Compliance Framework CQC Inspection Preparation plan in place. | David Throssell |
| 3.10 Trusts aspiring to Foundation Trust status will have to achieve 'good' or 'outstanding' rating prior to any successful authorisation (Recommendation 65) | | | | |
| 3.11 Monitor also has a range of enforcement powers in NHS Foundation Trusts that include compliance requirements, requiring certain actions to be taken, removal of Directors and revoking of a Foundation Trust's licence (Recommendation 83) | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Due regard | Fit and Proper Persons Test now implemented with STH. | Neil Riley |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|--|----------------|----------|----------------|
| 3.12 Care Quality Commission, Monitor and Trust Development Authority will publish further guidance on how they work together to address quality after April 2014 (recommendation 4) | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Due regard | | Andrew Cash |
| 3.13 Where Foundation Trusts are placed in special measures, they will have their freedom to operate as an autonomous body suspended (Recommendation 28) | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Due regard | | Neil Riley |
| <p><i>Patients and the public are entitled to expect services that are failing to be dealt with swiftly and decisively. The basis for such action will be a set of clear and meaningful ratings. In most cases, this will take the form of support and further regulatory oversight. Clear, meaningful ratings will be accompanied by clear, risk-based intervention, from warning notices, special measures, service redesign through to, in a rare number of cases, the special administration process. Subject to the passage of new regulations, in 2014 the Care Quality Commission will have new powers to act immediately if it considers that patients and service users are at immediate risk of harm, without first having to issue a formal warning. Monitor published enforcement guidance in March 2013 on how it plans to obtain compliance in NHS Foundation Trusts where there are breaches of health care standards specified by Care Quality Commission, NHS England and statutory regulators of health care professions. This chapter addresses themes and issues raised in the following chapters of Robert Francis' report: Chapter 8: Performance management and Strategic Health Authorities; Chapters 9-11: Regulation; Chapter 20: Culture.</i></p> | | | | |

4. ENSURING ROBUST ACCOUNTABILITY (Page 74)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|-----------------------------------|----------------|--|----------------|
| <i>In response to Robert Francis' report, we are clarifying the levels of accountability within the NHS and the wider system so that:</i> | | | | |
| 4.1 People found to be incompetent or guilty of serious misconduct will be disqualified from taking other senior roles (Recommendation 80) | Employ caring and cared for staff | Due regard | Recruitment processes Fit and Proper Persons Test | Mark Gwilliam |
| 4.2 Care providers, and directors and senior individuals within those organisations, should be criminally liable if they falsify information that they are required to provide by law (Recommendation 182) | Employ caring and cared for staff | Due regard | Fit and Proper Persons Test Additional guidance currently out for consultation. | Mark Gwilliam |
| 4.3 Commissioners rather than providers should decide what they want provided (Recommendation 130); and | Spend public money wisely | Due regard | Contract negotiations and management | Kirsten Major |
| 4.4 Department of Health officials should connect more to the NHS through visits and personal contact with people who have suffered poor experiences (Recommendation 289) | N/A | Due regard | Hosted visits continuing and going well. | Neil Riley |
| <i>Putting in place a clear and well-functioning system of accountability in the NHS is a critical condition for creating a culture of safe, compassionate care. The Boards of hospital trusts are responsible for holding their own organisation to account through strong, constructive challenge and for accounting to the public about its performance. The professional regulators are key role to safeguarding high professional standards and clinical competence. Effective commissioning rooted in clinical insight and service user and public engagement will hold providers to account for delivering safe and compassionate care. This chapter also addresses the role of Government and the vital work of coroners and medical examiners. Accountability must apply to individuals as well as to organisations. Board members must be committed, capable and qualified to uphold leadership positions in the NHS. That is why we are introducing a new fit and proper person's test regulated by Care Quality Commission for Board level appointments.</i> | | | | |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|--|----------------------|---|-----------------------------------|
| <i>This means that there will be a clear duty on all service providers to make sure that all Directors who are appointed to the Boards of any health or care organisation regulated by Care Quality Commission are suitable for the job. This will apply to providers from the public, private and the voluntary sectors. NHS England will explore the development of a parallel set of arrangements for clinical commissioning groups. Since publication of Inquiry's report:</i> | | | | |
| 4.5 The clinical commissioning group assurance framework requires clinical commissioning groups to be authorised by NHS England who will continue to scrutinise performance based on outcomes and who have the power to intervene if necessary (Recommendation 123) | | | | |
| 4.6 Local quality surveillance groups, which involve a range of stakeholders, have been formed to share information and address quality of care | Deliver the best clinical outcomes Provide patient centred services | Due regard | | Hilary Chapman David Throssell |
| 4.7 NHS England is reviewing the standard NHS contract to make it easier for commissioners to intervene when they have concerns about patient safety or outcomes (Recommendation 31) | Deliver the best clinical outcomes Provide patient centred services | Due regard | Contract negotiations and management | Kirsten Major |
| 4.8 The Department of Health has initiated a 'connecting' scheme, so that policy makers are in touch with the front line (Recommendation 289) | N/A | Due regard | Hosted visits arranged for DoH colleagues as required | Neil Riley |
| <i>Key actions highlighted in this chapter include:</i> | | | | |
| 4.9 A fit and proper person's test to be used as a mechanism for barring Directors who are unfit from individual posts by Care Quality Commission at the point of registration | Employ caring and cared for staff | Due regard | Recruitment processes Fit and Proper Persons Test | Mark Gwilliam |
| 4.10 Contracts will be reworded to make it easier for leaders to be removed when their Care Quality Commission ratings are unsatisfactory (Recommendations 79-80) | Employ caring and cared for staff | Due regard | Recruitment and Human Resources processes Fit and Proper Persons Test | Mark Gwilliam |
| 4.11 Criminal sanctions for care providers that falsify certain information required by law | Provide patient centred services | New action (ongoing) | Requires assurance as to the source and validity of data presented to the Board of Directors Internal Data Quality Review carried out - revised arrangements and policy will be in place in Q2 2015/16 New integrated Board of Directors report in place. | Kirsten Major |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|--|----------------|---|-----------------|
| 4.12 Healthy NHS Boards' guidance | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Due regard | Will be incorporated into External Board Review. | Neil Riley |
| 4.13 Monitor guidance for Boards on how to ensure its organisation is working effectively to improve patient care (Recommendations 176-177) | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Due regard | As above. | Neil Riley |
| 4.14 The Government, Care Quality Commission, Trust Development Authority and Monitor will work with NHS Employers to promote the use of existing mechanisms in place to support successful leadership and address failures in leadership eg recruitment, appraisal and exit procedures (Recommendation 80) | Employ caring and cared for staff | Due regard | Fit and Proper Persons Test | Mark Gwilliam |
| 4.15 A detailed consultation on the role of medical examiners and death certification will be published by Government (Recommendations 275-281) | Deliver the best clinical outcomes Provide patient centred services | Watching brief | STH continue to participate in the National Medical Examiners Pilot Scheme. | David Throssell |
| <i>This chapter addresses themes and issues raised in the following chapters of Robert Francis' report: Chapter 5: Mortality statistics; Chapter 7: Commissioning and Primary Care Trusts; Chapter 14: Certification and inquests relating to hospital deaths; Chapter 19: The Department of Health; Chapter 20: Culture; Chapter 21: Values and Standards; Chapter 24: Leadership in Healthcare; Chapter 26: Information.</i> | | | | |

5. ENSURING STAFF ARE TRAINED AND MOTIVATED (Page 89)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|----------------|--|-----------------------------------|
| <i>In response to the Inquiry's report, the Government affirms the importance of the staff in the NHS and the value of ensuring they are properly trained and motivated to perform their role. We are working to ensure that:</i> | | | | |
| 5.1 Nurse training should have an increased focus on the practical delivery of compassionate care, with recruitment focusing on values, attitudes, behaviours and motivation (Recommendation 185) | Employ caring and cared for staff | Due regard | STH continues to work in partnership with both local Higher Education Institutions (HEIs) and has significant appropriate influence over the content of curricula. The Universities use a Values Based approach to recruitment and Sheffield Hallam University (SHU) are involved in the Trust's approach to Strengths Based Recruitment. Trust staff are involved in the recruitment of students and the delivery of their training and the Chief Nurse is an honorary Professor at SHU | Hilary Chapman |
| 5.2 Any concerns about the standard of care should be shared with the relevant training regulator (Recommendation 152); and | Deliver excellent research, education and innovation | Due regard | Concerns about the standard of care delivered by either students or substantive staff are raised with the Nursing and Midwifery Council (NMC) and there are agreed procedures in place to do this. Nurse Director, Ms Una Cunningham works closely with both Universities in managing any issues around Fitness to Practice. | Hilary Chapman David Throssell |
| 5.3 A leadership college or training system should be created (Recommendation 214) | Deliver excellent research, education and innovation | Watching brief | Updated leadership strategy in place and "offerings" launched in May 2015. | Neil Riley |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
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| <p><i>The NHS is nothing without its staff. They make it what it is. Supporting staff is fundamental to ensuring good outcomes for patients, and a culture of safe, compassionate care. Real and meaningful staff engagement is an important source of improvement and, when done well, of insight that allows leaders to detect problems quickly. The Inquiry highlighted how quality, care and compassion need to be key to all education and training, with trainees and staff displaying the right values and behaviours for a career in healthcare. The Inquiry identified a number of issues in relation to nursing which are being addressed by nurses themselves and the organisations supporting them. Responding positively to the Cavendish review of healthcare assistants and support workers is critical to creating the right culture – looking at recruitment, training, development and supervision of this workforce; and at treating all patients and service users with care and compassion. Supporting staff by ensuring that bureaucratic burdens are tackled effectively is a key element of ensuring ‘time to care’ for staff. Finally, putting in place a positive leadership culture throughout the NHS will support the system as a whole to focus on its core mission of putting patients at the centre of care.</i></p> | | | | |
| <p>Since publication of the Inquiry’s report:</p> <p>5.4 A new fast-track leadership programme has been launched to recruit clinicians and external talent to the top jobs in the NHS in England (Recommendation 214)</p> | <p>Deliver excellent research, education and innovation</p> | <p>Due regard</p> | <p>STH successfully participated in this programme</p> | <p>Neil Riley</p> |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|----------------|---|-----------------------------------|
| 5.5 In September 2013, Health Education England began its first pilot of aspiring student nurses working as healthcare assistants (Recommendation 186) | Deliver excellent research, education and innovation | Due regard | The notion of requiring aspiring student nurses to work as healthcare assistants first has not been included in the Shape of Caring Review and does not appear to be being taken forward. However, within STH, there are numerous opportunities for those aspiring to enter a career in nursing to gain experience within the Trust setting, for example as a volunteer, apprentice or clinical support worker. The Trust works with local secondary schools via the Cutler's Challenge programme and Further Education colleges in order to interact with potential future students. | Hilary Chapman |
| 5.6 Professional Regulators are working on education standards in medicine and nursing to place a significant emphasis on quality and compassion (Recommendation 185) | Deliver excellent research, education and innovation | Due regard | The new NMC Code of Conduct was introduced in April 2015 and revalidation is due to commence in April 2016. Planning for the introduction of revalidation is underway. . | Hilary Chapman David Throssell |
| 5.7 The Federation of Nurse Leaders has been developed to raise the awareness and profile of the nursing voice at national level (Recommendations 203, 206) | N/A | Due regard | The Chief Nurse, Deputy Chief Nurse and other senior nursing and midwifery staff ensure that they use every opportunity to influence the profession at a national level. This is through a variety of mechanisms including the Shelford Group, AUKUH, NIHR Advisory Board, RCN, RCM and other professional avenues. | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|------------------------|--|----------------------------------|
| <i>Key actions highlighted in this chapter include:</i> | | | | |
| 5.8 The Chief Inspector of Hospitals ratings and inspection regime will encompass staff engagement (Recommendations 51, 195, 198) | Employ caring and cared for staff | Due regard | CQC Compliance Framework Staff Engagement Programme | David Throssell Mark Gwilliam |
| 5.9 The Social Partnership Forum will develop a comprehensive description of what good staff engagement looks like for employers (Recommendations 195, 198) | Employ caring and cared for staff | Due regard | Staff Engagement Programme is in line with SPF descriptors, NHS Employers Staff Engagement Star, and IPA and NIHCR research (2014). Every directorate has a staff engagement action plan in addition to the overall Trust staff engagement action plan, which is monitored via the Staff Engagement Executive Group. Achieved above average staff engagement score in 2014 NHS Staff Survey. | Mark Gwilliam |
| 5.10 Health Education England are leading the work with Skills Councils, other delivery partners and health and care providers to develop a new Care Certificate (Recommendation 211) | Deliver excellent research, education and innovation | New action (ongoing) | New national Care Certificate has been launched All Band 2 staff undertake prepare to care which is the STHFT version of the care certificate | Mark Gwilliam Hilary Chapman |
| 5.11 Health Education England is supporting employers to test values, attitudes and aptitude for caring during recruitment (Recommendations 2, 191) | Employ caring and cared for staff | New action (completed) | PROUD values in place Strengths based recruitment for senior Nurse positions | Mark Gwilliam |
| 5.12 Health Education England will review the content of pre-registration nurse education to ensure all new nurses have the skills to work with older people and will develop post-graduate training for nurses caring for older people with complex needs (Recommendation 200) | Employ caring and cared for staff | Due regard | Whilst the outcome of the formal review by HEE has yet to be made available, STH continues to work in partnership with both local Higher Education Institutions (HEIs) and has significant appropriate influence over the content of curricula at both undergraduate and post-graduate level where the care of older people with complex needs is appropriately regarded. | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
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| 5.13 The Nursing and Midwifery Council has committed to introduce a proportionate and effective model of revalidation for nursing (Recommendation 194) | Deliver excellent research, education and innovation | Watching brief | It is proposed that revalidation for nursing will be introduced from April 2016. STH has established a revalidation board to ensure that nursing staff within the Trust are able to revalidate. | Hilary Chapman |
| 5.14 The Health and Social Care Information Centre will become the focal point for national data collection and will monitor new data collections to reduce 'burden' on providers and release time to care (Recommendation 244) | Spend public money wisely | Watching brief | | Kirsten Major |
| 5.15 The NHS Leadership Academy's development programmes will see a range of NHS staff (particularly clinicians) learn to lead and achieve better, more compassionate patient care (Recommendations 2, 185, 214) | Provide patient centred services Deliver excellent research, education and innovation | Watching brief | Staff access relevant Leadership Academy programmes where applicable | Neil Riley |
| <i>This chapter addresses themes and issues raised in the following chapters of the Inquiry's report: Chapter 12: Professional regulation; Chapter 18: Medical training; Chapter 20: Culture; Chapter 21: Values and standards; Chapter 23: Nursing; Chapter 24: Leadership in Healthcare and Chapter 25: Common culture applied: the care of the elderly.</i> | | | | |

ANNEX A - Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings (page 108)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|---|--------------------------|---|---|
| <p><i>Recruitment, Training and Education</i></p> <p>A1 The Government has accepted Cavendish's recommendation for developing a Care Certificate</p> <p>On 7 October 2013, Earl Howe tabled an amendment to the Care Bill updating the provisions in the Health and Social Care Act that would enable regulations to be made to specify a body that would set training standards in respect of healthcare assistants and social care support workers.</p> <p>On 21 October 2013, the Government asked Health Education England to work with sector skills councils, other delivery partners and health and care providers to develop a Care Certificate.</p> | <p>Deliver excellent research, education and innovation</p> | <p>Due regard</p> | <p>All Band 2 staff undertake Prepare to Care, which is the STH version of the Care Certificate.</p> | <p>Mark Gwilliam Hilary Chapman</p> |
| <p>A2 Under its current Mandate, Health Education England is already working with key partners, including NHS Employers, on value based recruitment around values and behaviours. It is also contributing to programme of work for the Chief Nursing Officers' national strategy for nursing and midwifery, Compassion in Practice. A Value based recruitment tool for Social Care was launched in July 2013, and will be piloted for 12 months.</p> | <p>Employ caring and cared for staff</p> | <p>Due regard</p> | <p>The Trust in collaboration with the Shelford Group have developed Strengths Based Recruitment profiles for Band 2, 5 and 7 nursing staff which are currently being used or will be used when recruiting these staff. Sheffield Hallam University are engaged in this work and already use a values based approach to the recruitment of students to it's nursing and midwifery programmes. The Trust's PROUD values are also used in recruitment and appraisal of staff across the organisation.</p> | <p>Mark Gwilliam Hilary Chapman</p> |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
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| <p>A3 Similarly, the National Skills Academy for Social Care, working in partnership with Skills for Care and Macintyre, employers and staff have developed a values based-recruitment toolkit for social care bringing together a range of directly targeted, easy to use tools that employers, especially small and medium-sized enterprises and micro employers can use when recruiting staff to assess candidates for appropriate social care values, as evidenced through their behaviours. The toolkit was launched by the Minister for Care Services in July 2013 and will be piloted for 12 months. The National Skills Academy will be evaluating the model to understand the take-up of approach across the sector, its usefulness and impact. The Academy is planning an interim report on the model in early spring 2014 and a full evaluation will be available in early autumn 2014.</p> | <p>Employ caring and cared for staff</p> | <p>Watching brief</p> | <p>The Trust employs a small number of care staff within the Community and Acute Care Group. To aid integration, the staff are recruited according to the PROUD values. The Trust will be continuing to roll out the development of values and behaviours recruitment across the Trust. Such assessment will take place at the job application stage as well as during interviews and assessment centres. In doing so the Trust will ensure that people who are aligned to the Trust values and behaviours are appointed. This will be consistent with the approach of the Skills for Care model in ensuring that behaviours related to patient care are evidenced.</p> | <p>Mark Gwilliam Hilary Chapman</p> |
| <p><i>Making Caring a Career</i></p> <p>A4 Health Education England is working on the delivery of its Mandate around widening participation and has initiatives to encourage a wider section of the community and existing care support workers, amongst others, into professional training to become nurses or other healthcare professionals. In addition, Health Education England is developing plans to further increase the number of healthcare apprentices, and is also exploring funding arrangements, through local partnership working, to develop and make best use of the talents of the existing NHS workforce.</p> | <p>Deliver excellent research, education and innovation</p> | <p>Due regard</p> | <p>Within STH, there are numerous opportunities for those aspiring to enter a career in healthcare to gain experience within the Trust setting, for example as a volunteer, apprentice or clinical support worker. The Trust works with local secondary schools via the Cutler's Challenge programme and Further Education colleges in order to interact with potential future students. This has enriched an already successful healthcare apprentice programme which is the first step for many young people into the caring / nursing profession. Working closely with Sheffield Hallam University, a "fast-track" programme has been developed to enable those with the requisite experience, knowledge and skills, to enter year 2 of the undergraduate nursing programme.</p> | <p>Mark Gwilliam Hilary Chapman</p> |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|----------------|--|---------------------------------|
| | | | The Trust also supports existing staff to access undergraduate programmes via the Open University. All these initiatives are aimed at widening the access into professional education and ensuring a richness and diversity in our workforce. | |
| A5 Furthermore, Health Education England are working with employers to improve capability of the care assistant workforce and build on the career pathway work that Skills for Care and Skills for Health have in place for health and other social degrees, to ensure that different programmes are transferable and comparable and support progression into a variety of healthcare professional and social care degree programmes, including developing new bridging programmes. | Employ caring and cared for staff Deliver excellent research, education and innovation | Due regard | Work is being undertaken through the Learning and Development Department to develop a step on step off career framework for people wishing to work in care / nursing / health. This will ultimately enable an individual to start as a healthcare apprentice and work their way up to a senior nursing post. Further opportunities to work with the National Skills Academy (Health) are currently being explored. | Mark Gwilliam Hilary Chapman |
| <i>Effective Leadership,, Supervision and Support For Health and Social Care Support Workers</i> | | | | |
| A6 The Chief Nursing Officer is leading a piece of work with a range of stakeholders around developing proposals on the use of the term 'Nursing assistant' recognising the title does not apply to all healthcare assistant groups. Further consideration needs to be given on the wider implications for use of the title itself relating to the Care Certificate. | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Watching brief | The Shape of Caring review has recommended that NHS England should agree titles and job descriptions for care assistants. The outcome is awaited. | Hilary Chapman |
| A7 The Chief Nursing Officer has also agreed to lead the recommendation around empowering Directors of Nursing to take greater board level responsibility for the recruitment, training and management of healthcare assistants. The Chief Nursing Officer's intention is to link this work with the Compassion in practice action area 4 on leadership and action area 5, (right staff with right skills in the right place). | Employ caring and cared for staff | Watching brief | At STH there is close working between Nursing staff, Learning and Development and HR staff to ensure that Clinical Support Workers are recruited, trained, led and managed in a way which enables them to provide a high standard of care. Executive responsibility for this is shared by the Chief Nurse and the Director of HR. | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|-----------------------------------|----------------|--|---------------------------------|
| A8 The Government has commissioned the Professional Standards Authority for Health and Social Care for advice on how employers can be more effective in managing the dismissal on unsatisfactory staff, the legal framework around this, and the relationship with referrals to professional regulators. It will then need to take stock of the advice and consider how it can work with the Professional Standards Authority to make this accessible to employers as a second phase of the work. | Employ caring and cared for staff | Watching brief | The Trust has a robust disciplinary policy and a capability policy to ensure that unsatisfactory staff do not remain employed within the Trust. Clear guidelines are in place to ensure appropriate cases are referred to the relevant regulatory body. | Mark Gwilliam |
| A9 Skills for Health and Skills for Care published a code of conduct for support workers in March 2013 and will review the code to ensure the language is readily understood and that there is synergy with the social care commitment for adult social care workers. | Employ caring and cared for staff | Watching brief | The code of conduct for support workers has been introduced into the Trust and appended to clinical support worker job descriptions | Hilary Chapman |
| A10 In addition, the Department of Health has developed a Social Care Commitment, which was launched in September 2013. This is the sector's promise to provide people who need care and support with safe, high quality services. In order to make commitments, employers, care workers and carers sign up to statements that focus on values and behaviours and pledge to complete tasks that support the statements. | Employ caring and cared for staff | Watching brief | The Trust employs a small number of care staff within the Community and Acute Care Group. To aid integration, the staff are recruited according to the PROUD values. Trust will be continuing to roll out the development of values and behaviours recruitment across the Trust. Such assessment will take place at the job application stage as well as during interviews and assessment centres. In doing so the Trust will ensure that people who are aligned to the Trust values and behaviours are appointed. This will be consistent with the approach of the Skills for Care model in ensuring that behaviours related to patient care are evidenced. | Hilary Chapman Mark Gwilliam |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|-----------------------------------|----------------|--|---------------------------------|
| A11 The commitment will have a key role to play in helping to improve public trust in the care sector. From December 2013, once a Care Quality Commission registered care provider has signed up to the commitment, the public will be able to see this on their NHS Choices profile. At the same time, the public will be able to search the social care commitment website and see which organisations have signed up, including any non-Care Quality Commission registered providers. The Department will monitor the impact of the commitment before considering imposing any formal code of conduct | Employ caring and cared for staff | Watching brief | Not applicable – this relates to social care providers only. | Hilary Chapman Mark Gwilliam |
| <i>Time to Care</i> A12 The Chief Nursing Officer has agreed to lead the work with key stakeholders on the impact of 12 hour shifts on Healthcare Assistants recognising this would not apply to social care support workers. Skills for Care will work in parallel with NHS England and look at the impact of 12 hour shifts on the social care sector and we will build this into the Skills for Care business plan for 2014-15. | Employ caring and cared for staff | Watching brief | No further update at this time. | Hilary Chapman |
| A13 We agree we should be moving towards better commissioning based on outcomes rather than activity, or for slots of time. And we want to encourage local authorities to do so to help to deliver better quality care for people who need care and support. | Spend public money wisely | Watching brief | STH is working with the CCG to move to a COBIC model of commissioning for MSK Services. This moves away from a cost per case commissioning to an arrangement based on clinical outcomes and requires individual services within STH to work together in a holistic patient-centred manner. | Kirsten Major |
| A14 We agree that designating 15 minutes to care can be an unrealistic time to complete tasks during a home care appointment in most instances. | Provide patient centred services | Watching brief | | Kirsten Major |
| A15 The Government amended the Care Bill so there is an requirement for local authorities to consider people's wellbeing when commissioning services. This is planned to take effect from April 2015, subject to Parliamentary approval. | Provide patient centred services | Watching brief | | Kirsten Major |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|--|----------------|---|----------------|
| A16 The Government is also gathering ideas through the 'Home Innovation Challenge' of how to make homecare better. Later in the autumn it will set out how this will continue to make a difference to future homecare. | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Watching brief | Not applicable – this relates to social care | Hilary Chapman |
| A17 The Department of Health will also be working with the Association of Directors of Adult Social Services to develop a set of 'commissioning standards' to support and drive continuous sector-led improvements across the country. We expect these to be developed by April 2014 and then to be used when they have been tested for effectiveness. | Deliver the best clinical outcomes Provide patient centred services Employ caring and cared for staff Spend public money wisely Deliver excellent research, education and innovation | Watching brief | ? Not applicable | Kirsten Major |
| A18 We agree with the concerns that Camilla Cavendish raises about whether some employers not paying for travel time between home care visits is leading to some workers receiving less than the national minimum wage. Payment of travel time is a requirement of regulation 15(2b) of the National Minimum Wage Regulations 1999. The Department for Business Innovation and Skills provide guidance based on the regulations on the gov.uk website which sets out what counts as working time when calculating national minimum wage. This guidance says that for all types of work, working time includes 'travelling from one work assignment to another.' Non-compliance with the law is unacceptable. | Spend public money wisely | Due regard | All staff employed by the Trust are employed on national Agenda for Change terms and conditions | Mark Gwilliam |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|----------------------------------|-------------------|---|----------------------|
| <p>A19 The Government is taking action to address this and to improve compliance with national minimum wage legislation including Her Majesty's Revenue and Custom's targeted enforcement activity on non-compliance in the care sector. Alongside this enforcement activity and we will develop statutory guidance for local authorities which refers to employment law and to the Department for Business, Innovation and Skills guidance on payment of travel time, to assure themselves that the care companies they contract with comply with National Minimum Wage regulations.</p> | <p>Spend public money wisely</p> | <p>Due regard</p> | <p>All staff employed by the Trust are employed on national Agenda for change terms and conditions.</p> | <p>Mark Gwilliam</p> |

ANNEX B - Review into the quality and safety of care at 14 NHS hospital Trusts in England (page 113)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|------------------------------------|-----------------------|---|-----------------------|
| B1 We will have made demonstrable progress towards reducing avoidable deaths in our hospitals, rather than debating what mortality statistics can and can't tell us about the quality of care hospitals are providing. | Deliver the best clinical outcomes | Due regard | Mortality Review Programme | David Throssell |
| B2 The Boards and leadership of provider and commissioning organisations will be confidently and competently using data and other intelligence for the forensic pursuit of quality improvement. They, along with patients and the public, will have rapid access to accurate, insightful and easy to use data about quality at service line level. | Deliver the best clinical outcomes | Due regard | Evidenced through the Integrated Performance Report every month along with the approach we have adopted to exception reports and a monthly deep dive topic that uses detailed analysis to underpin Board Discussion and strategy in key areas. | Kirsten Major |
| B3 Patients, carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others. | Provide patient centred services | Due regard | Complaints Management Process Frequent Feedback Friends and Family Duty of Candour process Involvement of governors in key Trust processes and committees Involvement of patients and the public in key design and development work and key Trust processes. | Hilary Chapman |
| B4 Patients and clinicians will have confidence in the quality assessments made by the Care Quality Commission, not least because they will have been active participants in inspections. | Provide patient centred services | Due regard | CQC Compliance Framework | David Throssell |
| B5 No hospital, however big, small or remote, will be an island unto itself. Professional, academic and managerial isolation will be a thing of the past. | Deliver the best clinical outcomes | Due regard | Academic Health Science Networks STH involvement in the improvement Academy. Working Together programme in place with South Yorkshire Trusts | Andrew Cash |
| B6 Nurse staffing levels and skill mix will appropriately reflect the caseload and the severity of illness of the patients they are caring for and be transparently reported by trust boards. | Employ caring and cared for staff | Due regard | Safer Nursing Care Tool used twice per year throughout the Trust in-patient services. Tool awaited for roll out to A&E. Additional reporting to Healthcare Governance Committee and the Board of Directors and the information is in the public domain.. | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|----------------|---|-----------------|
| B7 Junior doctors in specialist training will not just be seen as the clinical leaders of tomorrow, but clinical leaders of today. The NHS will join the best organisations in the world by harnessing the energy and creativity of its 50,000 young doctors. | Deliver excellent research, education and innovation | Due regard | Health Education England processes. A number of 'Leadership Fellows' have been recruited to undertake specific leadership projects as 'Out of Programme' experience. | David Throssell |
| B8 All NHS organisations will understand the positive impact that happy and engaged staff have on patient outcomes, including mortality rates, and will be making this a key part of their quality improvement strategy. | Employ caring and cared for staff | Due regard | Staff Engagement Programme Listening in Action | Mark Gwilliam |

ANNEX C – Improving the safety of patients in England (page 117)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|--|------------------------|---|-----------------------------------|
| C1 The review called for the Government and NHS leaders to state the primacy of safety and quality as the aims of the NHS. The Government has restated this commitment in its further response to Francis. | Deliver the best clinical outcomes Provide patient centred services | Due regard | | Andrew Cash |
| C2 The Department of Health has agreed with the nursing and medical Royal Colleges and clinical leaders that every hospital patient should have the name of the consultant and nurse responsible for their care above their beds. The Government also intends to introduce a named accountable clinician for people receiving care outside hospitals, starting with vulnerable older people. | Provide patient centred services | New action (ongoing) | Implementation of named treating Consultant and Nurse through the use of Tent Boards. | Hilary Chapman David Throssell |
| C3 Clinical commissioning groups will be commissioning support for patients' participation and decisions in relation to their own care and patient and public involvement will be at the heart of commissioning, with at least two lay members on commissioning groups governing bodies. At a national level, the Care Quality Commission is now involving patients in its inspections to inform its ratings of hospitals. | | | | |
| C4 Trust Chief Executives and Boards will be expected to take personal responsibility for complaints, for example by signing off letters and through an update at each board meeting. Detailed information on complaints and the lessons learned will be published quarterly. | Provide patient centred services | New action (completed) | Linked to Complaints Management Process New report incorporate detailed information on lessons learned. CEO routinely signs complaints responses. | Hilary Chapman |
| C5 The NHS Leadership Academy and Health Education England will be investing in education and training programmes to ensure that safety is embedded in leadership programmes and other post graduate training programmes for professionals. | Deliver excellent research, education and innovation | Watching brief | Staff access relevant Leadership Academy programmes where applicable. A number of 'Leadership Fellows' have been recruited to undertake specific leadership projects as 'Out of Programme' experience. | Mark Gwilliam Neil Riley |
| C6 NHS England is working with NHS Improving Quality to develop proposals for the establishment of a network of Patient Safety Collaboratives across England. The aim of the Collaboratives is to create a comprehensive, effective, and sustainable improvement system that will deliver a culture of continual learning and improvement in patient safety across the country over the next five years. | Deliver the best clinical outcomes Provide patient centred services | New action (completed) | Linked to NHS Quest Network STH involvement in Patient Safety Collaborative and Improvement Academy (AHSN) | David Throssell |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|----------------------|--|-----------------|
| C7 The design, support and recruitment of participating organisations is planned to be delivered by spring 2014. The programme will also include establishing a Patient Safety Improvement Fellowship scheme to develop 5,000 Fellows within a national faculty within five years. | Deliver the best clinical outcomes Provide patient centred services | Watching brief | STH involvement in Patient Safety Collaborative and Improvement Academy (AHSN) | David Throssell |
| C8 NHS England and the Care Quality Commission are committed to working together to develop a shared and agreed approach to measuring safety in the NHS, both for regulatory and improvement purposes. The organisations are working to develop a set of patient safety measures that are best suited for use by the Care Quality Commission in their surveillance model, and NHS England is providing patient safety expertise on how patient safety data might be used for surveillance and inspection. | Deliver the best clinical outcomes Provide patient centred services | Watching brief | | David Throssell |
| C9 NHS England will be publishing never events quarterly before the end of 2013 and monthly by April 2014, and is exploring ways to make safety thermometer data more accessible to the public. NHS England is leading on work to develop a single and agreed methodology for retrospective case note reviews undertaken by Trusts. | Deliver the best clinical outcomes | New action (ongoing) | Never Event improvement work ongoing STH involvement Improvement Academy (AHSN) mortality review work stream Safety Thermometer improvement work ongoing | David Throssell |
| C10 There are new arrangements for inspection and regulation in terms of quality and safety and a commitment by system and professional regulators to cooperate in the sharing of information and concerns. | Deliver the best clinical outcomes Provide patient centred services | Due regard | CQC Compliance Framework External Visits Accreditation and Inspections Process CQC Inspection Preparation plan in place | David Throssell |
| C11 The review confirmed the Government's plans to introduce a new statutory duty of candour on providers. We are working with the professional regulators to strengthen the references to candour in professional regulation. The Government will also seek to introduce a new criminal sanction that covers wilful neglect designed for those guilty of the most extreme types of poor care. | Provide patient centred services | New action (ongoing) | Links to Being Open Guidance Duty of Candour process | David Throssell |

ANNEX D – A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture (page 120)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|---|-----------------------------|--|-----------------------|
| <p><i>Local Action</i></p> <p>D1 Trust Chief Executives and Boards should promote a culture of openness and encouraging feedback and welcoming complaints. Staff must be trained and encouraged to seek feedback, and act on it.</p> | <p>Provide patient centred services</p> | <p>Due regard</p> | <p>Duty of Candour training Improving the patient experience training Complaints management training</p> | <p>Andrew Cash</p> |
| <p>D2 The Government wants to see every Trust make clear to every patient from their first encounter with the hospital:</p> <ul style="list-style-type: none"> • how they can complain to the hospital when things go wrong; • who they can turn to for independent local support if they want and where to contact them • that they retain the right to complain to the Parliamentary Health Service Ombudsman if they remain dissatisfied and how to contact her; and • details of how to contact their local Healthwatch, who, in some areas may provide advocacy services, but in all areas can provide general advice and information on health and care issues. | <p>Provide patient centred services</p> | <p>Due regard</p> | <p>This information is provided in the following ways:</p> <ul style="list-style-type: none"> • The 'Tell us what you think' leaflet which is widely available across the Trust. • Ward information posters at the entrance to each ward. • All those who make a complaint receive a leaflet providing information regarding local advocacy services. • The Trust website provides comprehensive information regarding how to make a complaint • The updated inpatient and outpatient booklets will contain strengthened information in relation to the complaints process. | <p>Hilary Chapman</p> |
| <p>D3 A sign in every ward and clinical setting would be a simple means of achieving this and the Department will be discussing with Healthwatch England, Care Quality Commission and NHS England the best means of ensuring this becomes standard practice in all NHS hospitals in England. We would expect these posters to set out how to complain about a hospital, how to seek support from their local Healthwatch and how to refer their complaint to the Ombudsman.</p> | <p>Provide patient centred services</p> | <p>New action (ongoing)</p> | <p>In patient posters in place Feedback webpage updated</p> | <p>Hilary Chapman</p> |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|----------------------------------|------------------------|---|-----------------------------------|
| D4 We want to see patient advice and liaison services well-sign posted, funded and staffed in every hospital so patients can go and share a concern with someone else in the hospital if they do not feel confident talking to their nurse or doctor on the ward. | Provide patient centred services | Due regard | We are awaiting the national branding for the Patient Advice and Liaison Service, following which the service will be re-launched with new publicity materials and signposting. | Hilary Chapman |
| D5 We want to see Trust Chief Executives and Boards taking personal responsibility for complaints handling. This includes signing-off letters to patients, ensuring every patient is offered a conversation at the start of the complaints process, and that they are clear that if they are not happy with the way the complaint has been handled they can get an independent view from the Health Service Ombudsman. | Provide patient centred services | Due regard | At the start of the process of managing the complaint, a conversation takes place to ascertain how the complainant would like to have their complaint handled. This may include a telephone conversation, a meeting or a written response or all of the above. The CEO routinely signs all final responses. Complaint correspondence contains information about how to refer concerns to the Health Service Ombudsman | Hilary Chapman |
| D6 We want to see Chief Executives ensuring there is greater clinical involvement in handling complaints. This could be through offering patients a conversation with the nurse or doctor involved in the complaint, if that is something the patient wants. | Provide patient centred services | Due regard | Meetings with complainants are encouraged wherever possible. Where meetings take place, this is normally with the doctor or nurse overseeing the care of the individual patient. | Hilary Chapman |
| D7 We also want to see Directors with responsibility for patient safety being required to give a detailed update on complaints at each Board meeting and we will work with NHS England to determine the most effective mechanism through which to achieve this. | Provide patient centred services | New action (completed) | New Complaints and Patient Experience reporting process in place | Hilary Chapman David Throssell |
| D8 We want Boards to see regular data about complaints which means the 'narrative and not just the numbers', so they can identify themes and recurring problems, and take action. All Trusts, not just the good ones, should see complaints as an opportunity to learn and improve the care they provide. | Provide patient centred services | Due regard | New Complaints and Patient Experience reporting process in place | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|--|------------------------------------|------------------------|---|----------------|
| D9 Detailed information on complaints and the lessons learned will be published quarterly. This will include the number of complaints received as a percentage of patient interventions; the number of complaints the hospital has been informed have subsequently been referred to the Ombudsman and the lessons learned and improvements made as a result of complaints. | Provide patient centred services | New Action (completed) | New Complaints and Patient Experience reporting process in place | Hilary Chapman |
| D10 We strongly agree that complaints amounting to a serious or untoward incident warrant independent local investigation. We want to see all hospitals using their statutory powers to offer this to patients. | Deliver the best clinical outcomes | New action (completed) | Complaints process pilot in place Complaints management training in place Discussions regarding independent local investigations ongoing. | Hilary Chapman |
| <i>Local action - through the local healthwatch network</i> | | | | |
| D11 It is important that local Healthwatch, as the patient and public champion for health and care services, should be as strong and effective as possible so that it can speak up for patients and provided independent support on complaints. | | | | |
| D12 We support Healthwatch England in their plans to coordinate a consumer-facing complaints campaign with their partners. This will help ensure there is better quality information for patients about how to raise a concern and the standards they should expect if they make a complaint. | | | | |
| D13 We agree that there is an important role for local Healthwatch to play in scrutinising complaints, and complaints handling locally. We want to see local HealthWatch scrutinising complaints data across Trusts in an area to spot themes and recurring issues in an area with their unique local perspective. Whilst it is important that Trusts respect patient confidentiality when releasing information on complaints to outside organisations but, subject to this caveat, we strongly consider that Trusts should seek to provide the complaints data that are requested by local Healthwatch and Overview and Scrutiny Committees. | Provide patient centred services | Watching brief | Healthwatch have a place on the Patient Experience Committee | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|----------------------------------|-----------------------|--|-----------------------------------|
| D14 We agree that patients should be offered independent advocacy and support as they go through the complaints process, particularly if the case is complex and about a serious care failing. Local authorities currently commission advocacy services but we see a role here for HealthWatch England, working with Department of Health and others to help set the standards for good advocacy. The Department of Health will begin an evaluation of the current arrangements for commissioning NHS complaints advocacy services in 2014. | Provide patient centred services | Watching brief | Commissioning independent advocacy service is undertaken by the CCG. Within the Trust, patients are signposted to the current provider of the independent advocacy for support when they are making complaints. | Hilary Chapman |
| <i>National Action</i> | | | | |
| <i>To support these improvements the Government will take the following actions:</i> | | | | |
| D15 The Department of Health agrees it is appropriate to review the patient and advice liaison services service, and will undertake to begin that review in 2014. | Provide patient centred services | Watching brief | No further information from the Department of Health regarding a review of Patient and Advice Liaison Services. The Trust continues to promote the use of the Patient Services Team to resolve issues quickly. In the latest quarterly report (Jan – Mar 2015), the number of formal complaints had fallen and informal contacts had risen; a trend which the Patients' Association see as positive. | Hilary Chapman |
| D16 The Department agrees that complaints should be a key part of the new Chief Inspector of Hospital's inspections and welcome this commitment. The Chief Inspector will look at how well a Trust deals with complaints and this will involve looking at a sample of real life complaints and what action was taken, as well as talking to patients. | Provide patient centred services | Watching brief | Part of the new CQC Inspection process | Hilary Chapman David Throssell |
| D17 The Chief Inspector has also agreed to publish a thematic report in a year's time on themes and trends in complaints data emerging during his hospital inspections across England, which we welcome. | Provide patient centred services | Watching brief | The Trust already analyses themes and trends in complaints data and provides monthly, quarterly and annual reports in relation to this. In addition, ad hoc 'in depth' reports are provided in relation to any emerging themes or trends and action plans are agreed to address any issues of concern. | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
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| <p>D18 The Parliamentary and Health Service Ombudsman and Healthwatch England, working with the Department of Health, will develop a patient-led vision and expectations for complaints handling in the NHS. The Parliamentary and Health Service Ombudsman, Healthwatch England and the Department of Health will work with the Patients Association, patients, regulators, commissioners and providers to develop universal expectations for complaints handling. These will be used across the NHS to drive improvements in patient satisfaction with complaint handling. The vision and expectations will inform:</p> <ul style="list-style-type: none"> • Patients about what to expect when they make a complaint about NHS services. • The work of the Healthwatch network in challenging local providers to improve their practices. • Providers and commissioning bodies about what they can do to use patient concerns and complaints to improve their services and how they can measure their own progress. Regulatory assessment of hospital complaint handling • The Parliamentary and Health Service Ombudsman investigation of complaints about NHS services brought to them by patients and their families. | Provide patient centred services | Watching brief | <p>The Trust continues to use guidance from the Parliamentary and Health Service Ombudsman and the Patients' Association on good complaints handling in its complaints policy.</p> <p>The Trust also undertakes an ongoing review of the satisfaction of complainants with the complaints process in conjunction with the Patients' Association..</p> | Hilary Chapman |
| <p>D19 The Parliamentary and Health Service Ombudsman is working with the Care Quality Commission on what insight she can provide on complaints she has investigated to inform hospital inspections.</p> | Provide patient centred services | Watching brief | Complaints investigated by the PHSO are reported quarterly. Action plans are agreed in relation to any issues identified within the PHSO report. | Hilary Chapman David Throssell |
| <p>D20 The Government will explore with NHS England and other key partners the introduction of a regular and standard way of surveying people who have made a complaint to find out whether they were satisfied with the way it was handled, and to enable comparison across hospitals.</p> | Provide patient centred services | Watching brief | The Trust is undertaking an ongoing review of the satisfaction of complainants with the complaints process. This is currently being undertaken in partnership with the Patients' Association. | Hilary Chapman |
| <p>D21 The Department of Health will work with the Health and Social Care Information Centre to put complaints data into the existing NHS electronic data collection system, better enabling comparison between hospitals.</p> | Provide patient centred services | Watching brief | The Trust are being asked to submit complaints data quarterly rather than annually from April 2015. | Hilary Chapman |

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
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| D22 The Chief Inspector and Care Quality Commission will require regular reporting of complaints from all providers to inform its surveillance and risk profiling regime. Care Quality Commission will naturally be particularly interested in complaints concerning death, serious injury or 'near misses' but will also want to harness information about other aspects of patient experience and concern which would be indicative of trust culture and performance. Care Quality Commission will be discussing with Monitor, Trust Development Authority and providers a proportionate and cost-effective means of doing so. | Provide patient centred services | Due regard | | David Throssell |
| D23 The Department of Health will work with Action against Medical Accidents and NHS England to clarify that a threat of future litigation should not delay the handling of a complaint. | Provide patient centred services | Due regard | | Hilary Chapman David Throssell |
| <i>The Ombudsman</i> | | | | |
| D24 The Parliamentary and Health Service Ombudsman is independent of the NHS and Government, and provides an important service to patients, giving them somewhere to turn if they feel their complaint is not handled properly locally. The Department welcomes the Ombudsman's ambition to significantly increase the number of cases she takes on, and her valuable role helping the health system to interrogate and learn lessons from complaints. | Deliver the best clinical outcomes Provide patient centred services | Due regard | The Parliamentary and Health Service Ombudsman has reviewed 31 complaints involving STH during 2014/15. Some of these investigations are ongoing but so far the PHSO has upheld or partially upheld one complaint. | Hilary Chapman |

ANNEX E – Burdens review (page 125)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|---|------------------------------|------------------------------|------------------------|
| <p><i>The Government has welcomed the report and accepts its recommendations. The Department of Health, working with its partners, is now considering how the recommendations could be implemented. In some cases, work to take them forward has already started either as a result of existing programmes of work, such as the implementation xxix or as part of the Government's response to the Inquiry.</i></p> | | | | |
| <p>E1 The central role of the Health and Social Care Information Centre will be key to many of the recommendations and, in particular, its function increasingly as the focal point for data collected at a national level and the 'gateway' for those seeking new data collections. The Department of Health will work closely with the Health and Social Care Information Centre in determining the best way to take these recommendations forward appropriately.</p> | <p>Deliver the best clinical outcomes Spend public money wisely</p> | <p>Watching brief</p> | | <p>Kirsten Major</p> |
| <p>E2 NHS England has introduced a Clinical Bureaucracy Index to support trusts track how well they are using digital technology to reduce the burden of information collection on front line staff compared to their peers. This will underpin our approach to meeting recommendation 20.</p> | <p>Spend public money wisely</p> | <p>Watching Brief</p> | <p>IT Strategy in place.</p> | <p>David Throssell</p> |
| <p>E3 Additionally, the Department of Health and every arm's length body signed a Concordat for reducing the administrative burden arising from national requests for information. The concordat aims at ensuring that national requests for information are undertaken using a single transparent process and that there are significant year on year reductions in the cost and burden caused by requests for information to the front line. This will help us to meet recommendation 5 and to start reducing the burden which is the basis of recommendation 11.</p> | <p>Spend public money wisely</p> | <p>Watching Brief</p> | <p>Please update</p> | <p>Kirsten Major</p> |

Annex F – Children and Young People’s Health Outcomes Forum’s report for the Secretary of State for Health (page 127)

| Statement | Making a Difference | Categorisation | Comments | Executive Lead |
|---|--|--------------------------|---|-----------------------|
| <p><i>The Forum’s response to the Inquiry includes new recommendations aimed variously at the Department of Health, NHS England, Health Education England, Healthwatch and local service commissioners and providers, that will be considered carefully by each in the coming weeks.</i></p> <p><i>The Department of Health welcomes the Forum’s work in this area, and intends for its recommendations to help inform our work as we move forward in light of the Public Inquiry’s conclusions. For example:</i></p> | | | | |
| <p>F1 NHS England are supportive of the proposal that they should develop a roll-out of programmes using improvement methodology through the Strategic Clinical Networks (including that for Maternity and Children’s Services) to address each of the main safety areas for children and young people. The National Clinical Director for Children’s services and the Patient Safety team will take this work forward.</p> | <p>Deliver the best clinical outcomes Provide patient centred services</p> | <p>Due regard</p> | <p>No further information available.</p> | <p>Hilary Chapman</p> |
| <p>F2 The refresh of the Governments Mandate to Health Education England will take into account the Forums recommendations when reviewing Health Education England’s objectives aimed at helping give children the best start in life.</p> | <p>Deliver excellent research, education and innovation</p> | <p>Due regard</p> | <p>No further information available.</p> | <p>Hilary Chapman</p> |
| <p>F3 The review of complaints handling has made several recommendations to improve the way complaints in NHS hospitals are dealt with (see annex D). As the complaints regulations cover all users of NHS-funded care, it will be important that children and young people’s needs are furthered by the implementation of the reviews recommendations.</p> | <p>Provide patient centred services</p> | <p>Due regard</p> | <p>The Trust complaints policy applies to children as well as adults and any recommendations to change the system will also apply to children as well as adults</p> | <p>Hilary Chapman</p> |
| <p><i>The Forum will continue to further develop the issues it has raised in its report, including those around culture of care, in its annual report in February 2014. It will continue to work closely with ministers and wider system partners to build on this work, to improve health outcomes for children and young people.</i></p> | | | | |